



Chiller Nameplate (Oil & Ref) Information Form

*Scheduled data collection date: 11 / 19 / 15 Time: :

*NexGen Activity #: 1-CDVMHWT

*York Process System Startup? Yes No

Fax to: 414-524-4336

General Information

*Branch: DELMARVA (WILMINGTON, DE)	*Branch #: 0N28
*FLSP: KEVIN FRAZE	^Employee ID: 1174842
*Cell/Pgr #: 302-353-0315	
*Check analyses to be included in the Predictive Diagnostics Report:	
<input checked="" type="checkbox"/> Vibration	<input type="checkbox"/> Motor Current

Customer Information

Does this customer exist in our database? Yes No Unknown

*Customer Name / Site: INCYTE
*Street Address: 1801 AUGUSTINE WAY
*City, State, Zip: WILMINGTON, DE, 19880

Machine Information

CMMS Equipment ID:

*Machine Make: YORK	Customer Ref #: CHILLER #1
*Machine Full Model #: YKH3F3P8-EUGS	
*Machine S/N: SEBM976360	*Warranty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Exp:
Tonnage: 650	*On a VFD? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Compressor Information

**Note if more than 1 compressor please fill out each on its own form.

*Compr Model #: YDHE-58VDD	*Compr S/N: 10241D42461027
*Compr Type: <input checked="" type="checkbox"/> Centrifugal <input type="checkbox"/> Screw <input type="checkbox"/> Scroll <input type="checkbox"/> Recip **Don't collect vib data on scrolls or recips	
*Speed Code/Gear Ratio: RP	Hermetic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Oil / Refrigerant Information

SR / Activity / P.O. Number: _____
(If different than number at top of form)

PDT Oil/Refrigerant Report (\$25 fee applies)

^Sample Source: <input type="checkbox"/> Receiver <input type="checkbox"/> Evaporator <input type="checkbox"/> Condenser <input type="checkbox"/> Compressor <input type="checkbox"/> Other _____	
^System Condition: <input type="checkbox"/> Operating <input type="checkbox"/> Off	
^Chiller Duty: <input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Process <input type="checkbox"/> Other	
^Heat transfer fluid: <input type="checkbox"/> Water <input type="checkbox"/> Calcium Chloride <input type="checkbox"/> Ethylene Glycol <input type="checkbox"/> Other _____	
*Refrigerant type:	^Sample Date:
^Sump Capacity:	
^Ref temperature at time of sampling :	*Sample State: <input type="checkbox"/> Liquid <input type="checkbox"/> Vapor
*Oil Type/Brand:	^Sample Date:
^Sump Capacity:	
^Oil Mfg.:	^Oil Grade:
^Date of last oil change:	

Motor Information (This information NOT needed for Oil / Refrigerant processing)

*Motor Make: YORK	Motor Model: RM-024-37448-432
*Motor S/N: B141-027474	
*Volts: 460	*HP: _____
*Hertz: 60	*RPM: 3600
*RLA/FLA: 599	LRA Delta: 3810
LRA Y: _____	
Type: _____	Frame: 449TDZ
Design: _____	
SF: 1.04	Form: _____
Code/KVA: _____	
Shaft End Bearing: 6313-C3	Open End Bearing: 6313-C3

* Required Fields for Predictive route * & ^ Required fields for Oil/Ref samples

Rev. 5/18/2011